

CARDINIA SHIRE COUNCIL  
KINDERGARTEN APPLICATION  
4-YEAR-OLD



Kindergarten 1<sup>st</sup> Preference: .....  
2<sup>nd</sup> Preference:.....  
Year of attendance required: .....

**CHILD'S DETAILS**

Child's full name:.....  
Date of birth: ..... Male/female  
Residential address:.....  
Postal address: .....

**FAMILY DETAILS**

The full name of the person submitting this application is:  
First name/surname:.....  
Phone: ..... Mobile: .....  
Email: .....  
Work: Email: .....

**EXPECTED RESIDENTIAL ADDRESS & DATE OF OCCUPANCY DURING TIME OF CHILD'S ATTENDANCE AT KINDERGARTEN**

Address: .....  
Date: .....

**IN MAKING THIS APPLICATION IT IS:**

- Acknowledged that the kindergarten accepts this application but gives no guarantee that a place will be available in the kindergarten nominated or in any other kindergarten within the Shire.
- The applicant confirms that no other kindergarten application at any other kindergarten in the shire has been made on behalf of the above named child,

Signature of applicant:..... Date of application: .....

**FOR OFFICE USE ONLY**

The application of the above named child for kindergarten attendance has been received and the child's details entered on the enrolment list for subsequent consideration and possible enrolment in the

..... Kindergarten

Enrolment fee paid Yes/no Proof of age sighted Yes/no

Date application received ...../...../..... Application receipt no:.....

Enrolment secretary's signature: .....  
Date received by enrolment secretary:.....

**Privacy statement**

The personal information contained in this kindergarten enrolment form has been provided solely for the purposes of kindergarten enrolment. The use of this information for any other purpose may result in prosecution under the provisions of the Privacy Act.